

Transition to Employment: Components for Success

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## Abstract

*Keywords:* visual impairment, blind, transition

*Introduction:* This study examined rehabilitation providers' beliefs about services and service delivery strategies successful in facilitating transition from school to competitive employment for youth who are blind or visually impaired.

*Methods:* Five focus groups were conducted, two with rehabilitation state agency personnel and three with members of professional organizations at their annual conferences. A protocol with four queries about transition services generated data for content analysis by a team of three researchers.

*Results:* Participants identified transition services before age 16, communication among service providers and families, assessment, and specific skill development as important factors in facilitating transition to competitive employment. Parental involvement was identified as a positive factor in transition and career planning.

*Discussion:* Transition services are not routinely occurring before age 16, thus hindering skill and career development. Improved communication among service providers and parents can promote advocacy and successful transition to work. The qualitative research strategies used here do not generate results that can be generalized to other populations or settings or evaluate outcomes. The results can be assessed for transferability and to understand the transition process.

*Implications for practitioners:* Requiring specific documentation of collaboration among parents and providers may increase communication among the stakeholders. Increased communication may lead to students' participation in transition to work activities at an earlier age, thus promoting transition success.

### Transition to Employment: Components for Success

Youth with disabilities moving from the educational system to the vocational rehabilitation system and employment face a number of challenges in preparing for and making this transition. In recognition of these challenges, both the educational and the vocational rehabilitation systems are required to provide transition services to assist youth in this process. Transition services must be identified in the educational plan and should begin no later than age 16, though they may begin when the child is younger if the educational team determines it is appropriate (U.S. Dept of Ed, 2011); the vocational rehabilitation agency must consult and assist with the educational system as well as provide and fund some transition services (Rehabilitation Act of 1973, as amended). Transition services target post-school activities and can include instruction in community experiences and daily living skills. This study investigates the transition services needed by youth who are blind or visually impaired as they move from an educational setting into the work environment.

### Literature Review

The transition to adulthood for youth with disabilities is a recognized as a complex phenomenon that includes interactions and ongoing processes but studies about transition have typically addressed isolated factors or components of the process (Stewart, et al., 2010). A systematic review of the literature of transition planning for youth with disabilities (Cobb & Alwell, 2009) found evidence supporting the efficacy of student-focused planning and student-development interventions. Student-focused planning promotes active student participation to develop an Individualized Education Plan (IEP) and relates to student-development, a strategy that focuses on self-determination in both school and work-based interventions. Work experience (paid or unpaid), employment preparation, and family involvement were the top three

substantiated successful transition strategies identified in a more recent review of the literature, though there were other effective strategies that were not as well documented (Landmark, Ju & Zhang, 2010).

There are fewer studies documenting the effectiveness of transition programs specifically designed for youth who are blind/severely visually impaired or identifying the most effective strategies within those programs. A 1986 report provided descriptive information about 18 programs upon which other transition programs could be modeled (Simpson, Huebner, & Roberts). Nagle (2001) reported that the best transition services for youth with visual disabilities include collaboration among the agencies providing services, vocational assessment, vocational and social skills training, career education, paid work experience and family involvement. Recent analyses of the data collected in the National Longitudinal Transition Study (NTLS2) have identified variables associated with paid employment outcomes for youth who are blind or visually impaired; some of these variables are typical components of transition programs. These include career counseling, job skills training, placement assistance, vocational education (Wolffe & Kelly, 2011), early work experience, multiple work experiences, social skills (for part time employment), and independent travel skills (McDonnall, 2011).

Ferris (1991) provided a consumer perspective about transition, stating that transition from school to work can be facilitated by making career education an integral part of the transition process. Ferris advised that career education include four key areas: making vocational choices, providing job awareness, setting up work-experience programs, and meeting special job-seeking skills.

## **Method**

### **Focus Groups**

Focus groups are an appropriate research strategy when seeking input about a specific population (Conaway, 1996), but the participants must share knowledge about the specific topic under discussion in order to be an effective group (Byers & Wilcox, 1991). Focus groups are particularly useful when investigating service delivery (Kosciulek, 1999). This study used focus groups to investigate successful transition services from the perspective of professionals experienced in providing, coordinating, and/or working with youth who are blind or severely visually impaired and transitioning from high school or college to work. Use of focus groups allowed these professionals to express their thoughts and opinions in their own words; these thoughts and opinions might not otherwise be collected or disseminated, yet they provide insight from persons directly engaged in transition service delivery.

### **Procedure**

Five separate focus groups were conducted. Three focus groups were conducted at national conferences whose membership included professionals providing, coordinating, or working with transition aged youth. These groups included: the International Association for Education and Rehabilitation of the Blind and Visually Impaired (AER), the Association of Higher Education and Disability (AHEAD), and the Mid-America Conference of Rehabilitation Teachers (MACRT). Focus group participants were recruited through postings on association listservs or in the association newsletters. Postings clearly stated that focus group sessions would be conducted at the association's annual conference and that the purpose was to discuss issues concerning transition services for youth who are blind or visually impaired.

Two additional focus groups were conducted with rehabilitation providers from two state rehabilitation agencies with documented success serving transition aged youth. Success in transition service delivery was determined from an analysis of data each state vocational rehabilitation agency reports to their federal funding agency, the Rehabilitation Services Administration. Numbers and percentages of successful closure of transition aged consumer cases from each state were analyzed and a list was developed of states having closed a minimum of 30 transition age consumers (those who were age 21 or younger at application for services) with blindness as their primary disability and having at least a 90% competitive employment rate for all closures. Because state vocational rehabilitation agencies serving only consumers who are blind/visually impaired and state agencies serving persons with all disabilities have been recognized as substantially different (Cavanaugh, Giesen & Pierce, 2000), agencies were divided into those with a separate administrative structure and those with combined service delivery. Using these criteria, seven combined agencies and seven separate agencies were found eligible; administrators from one separate state agency and one combined state agency were contacted and agreed to participate in the project. State agency staff assisted in coordinating the focus groups and allowed employees to participate during regular working hours.

Focus groups were conducted by experienced facilitators. Participants were welcomed as they entered the room and provided statements explaining informed consent. Basic demographic information was collected from consenting participants. One facilitator served as the primary facilitator, initiating and moderating the conversation and ensuring adherence to the established protocol. The second facilitator took detailed notes and managed audio taping of the sessions. Each session lasted approximately 90 minutes. Light refreshments were served.

The purpose of the focus group was stated at each session. Participants were encouraged to allow each person an opportunity to share their experiences and perspectives and were reminded the session would be audio taped. Confidentiality among group members was requested, but participants were reminded it cannot be guaranteed. Discussion about effective transition strategies among group members was encouraged. Notes generated during the focus group were later expanded using the audio tapes.

Participants responded to four queries concerning transition services:

- Please describe the services that you think are most important in successful transition.
- What about service delivery methods? Do you see most services provided by the school system or the rehabilitation agency or other systems?
- How do you see the role of the rehabilitation counselor in the transition process?
- Are there any other comments that anyone would like to add about transition services?

All participants were given the opportunity to participate in the discussion before moving to the next query. Participants were not limited to the topics suggested in the queries and were only redirected when the conversation threatened to leave the topic of transition services.

The project was approved by the Mississippi State University institutional review board for the protection of human subjects prior to soliciting participants, and the research followed the tenets of the World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects.

## **Results**

Transcripts were generated from recorded focus group sessions. Three researchers analyzed focus group transcripts and each independently developed an inventory of items discussed in the groups to identify diversity of opinions and extent of consensus among group participants regarding specific points. This analysis confirmed that participants had considerable consensus within and between groups. Transcripts were then coded to summarize and sort responses and further develop themes. This combination of methods was time consuming but increased the objectivity of the analysis.

### **Participants**

A total of 42 persons participated in the five focus groups with 8 (10%) from AER, 5 (12%) from AHEAD, 15 (36%) from MACRT, 8 (19%) from state agency one, and 6 (14%) from state agency two. Over 50% of the participants (40 responding) described themselves as transition counselors or specialists (n = 8), rehabilitation counselors (n = 7), or administrators (n = 7). The remainder were vision rehabilitation therapists (n = 3), orientation and mobility specialists (n = 2), rehabilitation teachers (n = 2), student support services personnel (n = 2), case managers (n = 2), aides/assistants (n = 2), or other (n = 5). Participants were highly educated with only two persons without college degrees and 34 with education beyond the baccalaureate level. Participants were primarily female (76%) and white (81%) with a mean age of 45 years; over half the participants had a disability (59%).

### **Early Transition**

As stated above, legislation mandates that transition planning begin no later than age 16 or younger when deemed appropriate. A discussion of the importance of early transition, i. e. before age 16, was initiated by participants in each group session; participants agreed that

transition services should begin at the earliest possible point in a person's life, with some stating that it should begin in early elementary grades. Participants also noted that the age at which transition services are offered varies among the states with some attributing this variation to funding sources. One participant was emphatic, stating "Find these children." Those who worked in systems where intervention typically begins in elementary grades praised its benefits in terms of employment outcomes; those who worked in systems where transition occurs at age 16 or later expressed sadness about the time young people lost in terms of both career and skill development, particularly for daily living and academic skills. Issues concerning the impact of delayed transition services are discussed below.

The difficulties and importance of advocating for quality consumer services in various systems, particularly in schools, was discussed, as was teaching youth to advocate for themselves. A part of this advocacy effort is educating parents about what goals they should expect for their children who are blind/visually impaired and exposing these parents and children to positive role models. Typical participant comments were: "Try to teach parents to raise the bar. Have schools follow suit and also raise expectations." Participants agreed that transition planning needs to begin with parents as early as possible.

Participants stated that when transition services are implemented in elementary grades the goal is to keep the child with vision loss at a grade level compatible with sighted peers and to facilitate typical developmental experiences. When skills lag, early identification can lead to early remediation. Keeping children at grade level prepares them for more advanced transition experiences as they enter middle and high school. For example, coordinating summer and after school employment for youth was repeatedly mentioned as an important part of transition service delivery. In addition to helping youth develop a resume and building work skills, such

employment provides opportunities to assess social and daily living skills in a realistic environment. One participant stated, “Employers wonder if they can work or just go to school.” Another participant stated, “Find out what they are interested in. Find them a job in the summer. See how they coordinate transportation, function on the job, and get to work.”

The importance of exposing children to a variety of jobs and engaging in intense career exploration was recommended. Early career planning with parental involvement can help children plan their academic careers with their vocational careers in mind. Chores at home, volunteer work, camps and internships were all given as examples of methods to facilitate employment experience and social development. A major factor noted in this effort is helping the families find the balance between being an active and supportive part of the transition process and allowing the young person the opportunity to remain in control and to take responsibility for the process.

### **Assessment and Skill Development**

While early transition experience is preferred, participants report working with a number of persons who are not referred for services until transition from high school to work or college to work is imminent. Because ongoing intervention has not occurred throughout the academic career, comprehensive assessments are needed to identify strengths and areas of concern. When early transition has occurred, assessment data can be collected from those records. Emphasis was placed on evaluating problem solving, social skills, daily living skills, academics, and employment-related skills and interests.

**Problem solving.** Participants in every focus group discussed problem solving skills as one of the most important factors in successful transition. The ability to think critically and devise solutions with alternatives and contingency plans was discussed. Participants agreed that

youth must have opportunities to practice skills and learn from both success and failure. One person stated that youth who are blind must “learn how to handle things when something doesn’t work.” Participants recommended using situational assessments that are performance based, because these provide information about current skill levels as well as functional learning experiences. Understanding the consequences of one’s behavior and developing resiliency were identified as important skills.

**Social skills.** Transition is more successful for youth who have developed good social skills, including understanding boundaries in relationships; possessing confidence and positive self-esteem; explaining one’s disability and necessary accommodations effectively; and presenting oneself in a positive manner. Assessments to identify areas of concern and develop plans to address those concerns should be completed and implemented in a timely manner. Techniques to promote positive social skill development included having good communication skills, role models who were both blind and sighted, interactions with other youth, and community participation experiences through volunteer work or other activities.

**Activities of daily living.** Successful transition requires that youth are able to perform the basic activities of daily life independently. When accommodations are needed, youth should be able to identify and request those accommodations, including being able to complete such tasks as the ability to find, hire, and train a reader. Participants stressed that youth must understand and be able to comply with basic hygiene expectations, dress expectations for various environments, and have the best possible orientation and mobility skills (including understanding how to navigate transportation options). One participant stated, “Blind people must be able to get from point A to point B...If you don’t have the mobility, everything else is in vain.” Again, situational assessments were preferred as a means of identifying potential strengths and areas of concern.

**Academics.** As stated previously, youth who are BVI should be on the same academic level as typical youth. Participants noted that youth who transition well sometimes have academic skills beyond their sighted peers. Participants recommended using the expanded core curriculum, which includes skills specific to functioning with a visual disability as well as academic skills (Sapp & Hatlen, 2010), as a means of both assessing skills and identifying areas of concern. Use of appropriate adaptive equipment, including assistive technology, should also be evaluated and any concerns addressed.

**Employment related skills and interests.** Participants agreed that career exploration is important to identify job goals that the particular person is motivated to pursue and is capable of achieving. Some mentioned the importance of involving families in career planning. Situational assessment of interviewing, communication, and job readiness skills (e.g., arriving on time, being prepared to work, cooperating with colleagues, etc.) was recommended. Practicing these skills in camps, summer work, school sponsored work activities, and after school employment is preferred. Volunteer work, job shadowing, supported employment, on-the-job training, and internships are also useful in assessing and developing employment related skills. The development of a positive work ethic was recognized as an important step in the transition process.

### **Communication**

Participants noted that communication issues are a critical component in the transition process. This includes communication among service providers, youth, and families and also among the various service delivery providers and systems involved. Youth and families may need assistance in discussing plans for the future that might include relocation, financial

management, or obtaining job accommodations. Participants report that youth and families need assistance in identifying the differences in school and work environments.

Participants represented various service delivery systems and admitted that poor communication among systems can lead to lost time and poor coordination in the transition process. Participants from the rehabilitation system emphasized that ongoing contact with the school systems is important; attendance and consultation at IEP meetings was suggested as one means of insuring such contact. Transition counselors were noted as being the critical person in facilitating communication among the various parties in the transition process.

### **Limitations**

Qualitative research, such as data from focus groups, is not intended to be generalized to other populations or settings as the participants are selected through nonprobability sampling methods. A purposive sampling method was used to gather groups of professionals with varied experience in the field of blindness and transition service delivery. Further, focus group participants are speaking from their subjective experience. Thus, their remarks do not allow us to tie the emergent themes to program outcomes. However, readers can assess this information with their own programs in mind and make decisions for potential transferability of the results.

### **Discussion**

Although legislation requires state vocational rehabilitation agencies to provide transition services to youth with disabilities there is no funding specifically attached to transition service delivery. Participants' comments indicated that availability and scope of transition services varies from state to state and funding issues may impact some of this variation. One of the issues where variation was apparent was in the age at which transition services are initiated. Although participants agreed that early transition (before age 16) is best they also recognized it is not

occurring for many youths. As previously noted, legislation concerning transition does include language that allows transition services to be initiated before age 16 when deemed appropriate by the educational team. Consequently, to promote a positive transition from school to work service providers and parents can, and according to these participants, should advocate for transition services for children in elementary grades. Administrators should examine agency policies to be sure that those policies include easily implemented procedures to document the appropriateness of transition services before age 16. Further, administrators making systems level changes to promote transition services at an earlier age for all students might examine the model at Texas Services for Persons who are Blind and Visually Impaired (TSBVI), which starts transition planning at age ten, sometimes earlier for students with multiple disabilities, (Texas Department of Assistive and Rehabilitative Services, n.d.).

Focus group participants stressed problem solving, social skills and career development as critical factors in successful transition programs. The National Collaborative on Workforce and Disability for Youth, in their High School/High Tech Program Guide (HS/HT), (Rhodes, 2007), addresses transition to adulthood for persons with disabilities and promotes “youth leadership,” emphasizes self-determination, informed choice and self-advocacy, role models, and mentoring, as well as goal-setting, conflict resolution and service learning, concepts that are similar to those recommended by participants. Transition programs for youth with visual impairments may find valuable information in the HS/HT publication, which is available, free of charge, to identify specific strategies to meet program goals, as well as by working with parents to identify and implement opportunities for problem solving, social skills, and career development.

Family involvement was noted in every focus group session, though the specific catalyst for mentioning it differed among the groups. Although Nagle called for increased family and professional collaboration in 2001, it appears that we continue to have considerable room for improvement in establishing that collaboration as an integral component of the transition process. Efforts to improve communication among parties associated with the transition process must include families as active participants in the planning and service delivery decisions and activities. Rehabilitation counselors and school personnel should consider establishing formal protocols so that collaboration among service providers and with parents is planned and documented. Service providers in all systems and consumer groups can work together to provide families information about what can and should be expected throughout the education, rehabilitation, and transition to work process. Increased communication could lead to parents who advocate for transition services for their child well before the child is age 16.

The importance of early work experience is stressed by these focus group participants and in the literature (Nagle, 2001; McDonnall & Crudden, 2009). However, it has become increasingly difficult for youth to find paid employment. The impact of the current high unemployment rate is felt disproportionately among young people (Bureau of Labor Statistics, 2011) and this rate is even higher for those with disabilities. Further research in the area of best practices in transition service delivery should include an evaluation of transition work experiences. It would be helpful understand how both paid and unpaid work influence competitive employment outcomes and potentially develop a hierarchy of preferred work experiences that lead to competitive employment.

In reviewing the skills and strategies focus group participants recommend for successful transition as well as the existing literature, it is apparent that educational and vocational services

are intertwined and that communication among service providers, consumers, and their families is regarded as integral to success. Conclusions from Stewart, et al., (2010) regarding studying transition factors or processes in isolation should be kept in mind when evaluating efforts to develop or modify transition programs. Transition services using an holistic approach when working with each youth and embracing mutual collaboration among all stakeholders appear to have greater likelihood of success.

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